

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

OWNER'S ACKNOWLEDGEMENT OF SYSTEM REPAIRS AND MODIFICATIONS

THIS ACKNOWLEDGEMENT APPLIES TO OWNER'S OF A SEPTIC SYSTEM WHERE AN ON-SITE REPAIR OR MODIFICATION IS BEING CONDUCTED.

A CONTRACT BETWEEN A SEPTIC TANK CONTRACTOR AND PROPERTY OWNER INVOLVING SYSTEM REPAIR OR MODIFICATION OCCASSIONALLY DO NOT INCLUDE CERTAIN ITEMS THAT ARE REQUIRED FOR SYSTEM FINAL APPROVAL. THEREFORE, THESE ITEMS MUST BE COMPLETED BY THE SYSTEM OWNER OR OWNER'S SUBCONTRACTORS. THE FOLLOWING APPLIES:

- _____ 1. MOUND AND FILLED DRAINFIELD SYSTEM STABILIZATION WITHIN 14 DAYS OF SYSTEM BEING COVERED/ CONSTRUCTION APPROVAL (SODDING OR WHERE APPROVED HAY AND SEED COVER).
- _____ 2. DOSING SYSTEM ELECTRICAL CONNECTION.
- _____ 3. NECESSARY PLUMBING REPAIRS THAT EXTEND TO THE SEPTIC SYSTEM.
- _____ 4. OTHER: _____

NOTE: ALL ITEMS CHECKED ABOVE MUST BE COMPLETED WITHIN FOURTEEN (14) DAYS OF SYSTEM CONSTRUCTION APPROVAL (SYSTEM COVER).

I, _____ **ACKNOWLEDGE THAT I MUST COMPLETE CHECKED ITEMS**
OWNER'S SIGNATURE
WITHIN 14 DAYS OF SYSTEM CONSTRUCTION APPROVAL. ADDITIONALLY, I UNDERSTAND I AM SUBJECT TO LEGAL ACTION IF FINAL APPROVAL HAS NOT BEEN GRANTED WITHIN 14 DAYS FROM CONSTRUCTION APPROVAL. ALL REINSECTIONS ARE SUBJECT TO A FEE WITH PAYMENT REQUIRED PRIOR TO FINAL APPROVAL.

AGENT AUTHORIZATION NOTICE

I AUTHORIZE _____ TO ACT ON MY BEHALF AS MY AGENT
IN ALL REGARDS TO SEPTIC PERMIT NO. 43-SS- _____ LOCATED AT _____.

OWNER'S NAME

OWNER'S SIGNATURE

DATE

Florida Department of Health

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